

POSTPARTUM WOMAN

VENA Questions

1. How are things going for you at home right now? How would you rate your current stress level on a scale of 1-10 (1 is low, 10 is high)? (901)
2. Tell me who you see for medical and dental care.
3. A lot of women feel sad or depressed before or after having a baby. How sad or depressed have you felt lately? (361)
4. How are you feeling about your weight now that you have had the baby? (358)
5. What kind of physical activity do you plan to start?
6. What health, medical or dental issues do you currently have or had during your recent pregnancy? (211, 341-344, 346-349, 351-355, 357-360, 362, 363, 381 pregnancy-related 303, 304, 311, 312, 321, 337, 339)
7. Tell me about any vitamins, supplements, herbs, teas or medications (RX or OTC) you are taking? (427)
8. Sometimes women have cravings for non-food items (like soil, large quantities of ice or laundry starch). Tell me about any of these you eat. (427)
9. Tell me about the last time you used alcohol, tobacco or drugs since delivery. (371, 372)
10. When and where are you around other people who are smoking indoors? (904)
11. Tell me how you feel about your current eating habits. (What and how often you eat, the variety of foods eaten? What do you drink in a typical day? Who normally eats with you? Where do you normally eat? What else is going on when you eat?)
12. How do you feel about providing and preparing food for yourself/your family? (How often to you eat at restaurants or other commercial businesses that offer food?) (801, 902)
13. What could you do to improve your eating habits?

14. What questions do you have for me?